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CONFIRMATION NO. 8175

<b>SERIAL NUMBER</b> 10/656,546	<b>FILING OR 371(c) DATE</b> 09/05/2003 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1615	<b>ATTORNEY DOCKET NO.</b> 4-31972B	
<b>APPLICANTS</b> Yatindra Joshi, Princeton, NJ; Russell Somma, Sparta, NJ;					
<b>** CONTINUING DATA *****</b> This application is a CON of 09/942,808 08/30/2001 ABN which claims benefit of 60/287,509 04/30/2001 S.T					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 11/24/2003</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> NJ	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 16	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 001095					
<b>TITLE</b> Pharmaceutical composition which reduces or eliminates drug abuse potential					
<b>FILING FEE RECEIVED</b> 750	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		